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TO: Examiner Jamal A. Fox

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FACSIMILE NUMBER: 571.273.8300

**CONFIRMATION
TELEPHONE:**

FROM: Jeffrey M. Chamberlain

DIRECT DIAL: 609.631.2491

DATE: October 20, 2005

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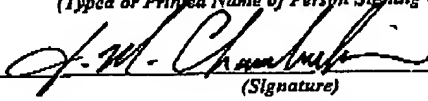
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Brajal			Docket No. PHFR 000134
Application No. 10/015,854	Filing Date 11/30/2001	Examiner Jamal A. Fox	Group Art Unit 2664
Invention: RECOVERY OF THE INITIAL PACKET TRANSMITTED BY A TERMINAL IN A PACKET TRANSMISSION SYSTEM WITH A RETURN CHANNEL			
<p>I hereby certify that this <u>Amendment and transmittal; petition for extension of time</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>10/20/2005</u> (Date)</p> <p style="text-align: center;"><u>Jeffrey M. Chamberlain</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. PHFR 000134	
Applicant(s): Brajal					
Application No. 10/015,854	Filing Date 11/30/2001	Examiner Jamal A. Fox	Customer No.	Group Art Unit 2664	Confirmation No. 7602
Invention: RECOVERY OF THE INITIAL PACKET TRANSMITTED BY A TERMINAL IN A PACKET TRANSMISSION SYSTEM WITH A RETURN CHANNEL					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2061 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: 10/20/2005		
Jeffrey M. Chamberlain Reg. No. 55,044 Duane Morris LLP P.O. Box 5203 Princeton, NJ 08543-5203 609-631-2491			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
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